Ø 00 9 140206

STATEMENT OF **ORGANIZATION**

FORM 1	OHGANIZATION		SECRETARY OF THE SENATE	
1. NAME OF	(Check if name	Example:If typing, type	HSEP 2	DMOME HIS Only
COMMITTEE (in full)	is changed)	over the lines.	12FE4M	.5
Alaskans for Beg	ich 2014			
ADDRESS (number and street)	1231 W. Northern Lights Blvd	<u> </u>	1 1 1 1	
(Check if address is changed)	# 605		1	
	Anchorage	! 	, ,AK ,	,99503
	CITY ▲		STATE ▲	ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	:SS			
(Check if address is changed)	,connie@begich.com			
	Optional Second E-Mail Addre			ı
is changed) M M D 2. DATE 08 27				
3. FEC IDENTIFICATION NU	JMBER ▶ C C004	s 1 58059 Book a s		
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)		
certify that I have examined th	is Statement and to the best of	my knowledge and belie	f it is true, correc	at and complete.
Type or Print Name of Treasure	Connie J Sanders	/		
Signature of Treasurer Coni	e J Sanders OM	lander	—Date 0	8 27 2014
	eous, or incomplete information may ANY CHANGE IN INFORMATION			
Office Use Only		For further information Federal Election Common Toll Free 800-424-9530		FEC FORM 1 (Revised 06/2012)

Local 202-694-1100